		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:			
NAME OF PROV	39C0001036  NAME OF PROVIDER OR SUPPLIER:			B. WING: 07/13/2023  STREET ADDRESS, CITY, STATE, ZIP CODE:					
AESTIQUE AMBULATORY SURGICAL CENTER, INC.			161 AESTHET	TC WAY					
STATE LICENS	E NUMBER: <b>01611500</b>								
(X4) ID PREFIX TAG	MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE			
Н 0000	VIDER OR SUPPLIER:  E AMBULATORY SURGICAL CENTER,  STREET ADDRESS, C 161 AESTHET GREENSBURG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		H 0000						
LABORATORY I	DIRECTOR'S OR PROVIDER/SUPPLI	ER REPRESENTATIVE'S SIGN	ATURE	I	TITLE:	(X6) DATE:	<u>'</u>		

State Form QQ3H11 IF CONTINUATION SHEET Page 1 of 1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION:  A. BLDG: _00		(X3) DATE SURVEY COMPLETED:	
39C0001036				B. WING: 07/13/2023				
NAME OF PROVIDER OR SUPPLIER: <b>AESTIQUE AMBULATORY SURGICAL CENTER, INC.</b>			STREET ADDRESS, 161 AESTHE GREENSBUR	ΓIC WAY				
STATE LICENS	E NUMBER: <b>01611500</b>					_		
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE		
S 0000	INITIAL COMMENT			S 0000				
S 033S	This report is the result conducted on July 11, Aestique Ambulatory S determined the facility the requirements of the Health's Rules and Reg Facilities, Annex A, Ti and F, Chapters 551-57	12, and 13, 2023, at Surgical Center. It was not in compliar Pennsylvania Depagulations for Ambulatle 28, Part IV, Subp 73, November 1999.	vas nce with rtment of ntory Care parts A	S 033S	TITLE:	(X6) DATE:		
LABORATORY	SIRLETOR SORTROVIDER/SUPPLI	EN REI RESENTATIVE S SIGN	ATURE		IIILE.	(A0) DATE:		

State Form QQ3H11 IF CONTINUATION SHEET Page 1 of 50

		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	I) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		EY
		39C0001036				07/13/2023	
AESTIQUI	VIDER OR SUPPLIER:  E AMBULATORY SURGIO  SE NUMBER: 01611500	CAL CENTER,	STREET ADDRESS, 161 AESTHET GREENSBUR	ΓIC WAY			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 033S	practitioners and others provision of al including, radiology, medicanesthesia and pharmaceutic (iii) The provision of corganizations.	lities include: acts or arrangements aff nder its auspices, includ r contractual arrangement viding direct patient care I treatment related servical laboratory, pathology cal services. are by other health care ducation to students and	ing,  nts with e. ces	S 033S	To clearly reflect the same v in the Bylaws, Rules and Regulations, Pre-Anesthesia Evaluation & Consent/Pre-OH&P, and in the policies, po AN102 and pre-Anesthesia Evaluation & consent/ Pre-OH&P, were modified. Upon further review, it was determined by Aestique that AN102 Professional Relation Policy no longer applies to ocurrent CRNA only Anesthe model as this policy was bas an old model that included Marefore, this Policy will be deactivated to avoid discrepa On Pre-Anesthesia Evaluation Consent/Pre-Operative H&P removed the verbiage "I agree the anesthesia plan of care wincludes prescriptive authoricanesthesia medication and perioperative medication." Vereplaced this statement to state have personally examined the patient immediately prior to and find them to be an approcandidate for an ASC. I have	Policy perative  Policy nships our esia led off of ADAs. e ancies. on & of we ee with which ty of  Ve ate "I his surgery opriate	Completion Date: 08/28/2023 Status: APPROVED Date: 08/16/2023

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# Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001036			. BLDG:00		
AESTIQUI INC.	VIDER OR SUPPLIER:  E AMBULATORY SURGIO  SE NUMBER: 01611500	CAL CENTER,	STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)		ED BY FULL REGULATORY OF		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 033S	Continued from page 2			S 033S	reviewed and agree with the anesthesia provider's H&P/Pre-Operative evaluation anesthesia plan was discussed approve of the plan and the medication given in the peri-operative period." These changes will go through MEC for approval prior to implementation. By making these changes to above mentioned documents documents will now align to that the attending physician is responsible to oversee the CI throughout the perioperative There will be an in-service to CRNA's, Nursing staff, and Physicians of the updated wo on the Anesthesia Consent. Fund OR nurses, as well as CF will be informed that the surgeto sign the statement on the anesthesia consent confirming he/she is overseeing the CRNA Anesthesia plan. Each individual required to sign off on the information to document the understanding of the update.	on. The ed and I  gh the  the s, all co convey is RNA experiod. o inform ording Pre-op RNA's geon has and idual will experion ording the convey is geon has and idual will experion ording the convey is geon has and idual will experion.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			IPLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY
		39C0001036			G:		
AESTIQUI INC.	VIDER OR SUPPLIER: E AMBULATORY SURGIO	CAL CENTER,	STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
STATE LICENSE NUMBER: 01611500  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHORES CROSS-REFERENCED TO THE ACTION THE ACTION OF THE ACTION	OULD BE	(X5) COMPLETE DATE	
S 033S	Continued from page 3			S 033S	The Pre-Operative Nursing sets be responsible for monitoring. Anesthesia Consent to confirm the surgeon has signed the statement agreeing with the sassessment, H&P, and Anesthesia Plan.  If the signature is not there the pre-operative has signed off on the CRNA's consent.  The DON will perform a char of every chart for 3 months the compliance or identify any in this will be monitored by Marecords as an ongoing review charts.  This new Pre-Anesthesia Everation & Consent/Pre Operative H&D implemented by August 2023.	g the rm that  CRNA's thesia  he ansfer of ae e  art audit to ensure ssues. Iedical v of the aluation &P will	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
39C0001036				00	07/13/2023		
AESTIQUI INC.	VIDER OR SUPPLIER:  E AMBULATORY SURGIO  E NUMBER: 01611500	CAL CENTER,	STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID		OF DEFICIENCIES (FACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)			PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	COMPLETE DATE
S 033S	Continued from page 4			S 033S			
	Based on a review of fa	acility documents, c	redential				
	files (CF), and intervie	w (EMP), it was det	ermined				
	that the governing body	y failed to clearly de	fine the				
	role of the contracted a	nesthesia supplier fo	or three				
	of 10 credential files re	eviewed (CR8, CR9,	CR10).				
	Findings include:						
	On July 12, 2023, a rev	view of the Medical	Staff				
	Bylaws (Last Reviewe	d: 2/2423), Article					
	III-Section E- Allied H	Iealth Professionals;					
	Independent Allied He	alth Professionals, r	evealed				
	the following:"(1)(c) C	CRNA's (2) Independ	lent				
	Allied Health Profession	onals may provide p	atient care				
	services within the lim	its of their professio	nal skills				
	and abilities and within	n the scope of their l	icense. An				
	Independent Allied He	alth Professional's d	egree of				
	participation in patient	care shall be determ	nined				
	according to protocol of	or privileges the Gov	rerning				
	Board recommends and	d approves. (3) Inde	pendent				
	Allied Health Profession	onal shall: (a) Exerci	ise				
	independent judgemen	t in their areas of					

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PLAN OF CORRECTION (POC) IDENTIFICATION NUM		IDENTIFICATION NUMBER		A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/13/2023	
		39C0001036		B. WING.		07/13/2023	
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID		OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)
PREFIX TAG		ED BY FULL REGULATORY OF FYING INFORMATION)	R LSC	PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A		COMPLETE DATE
S 033S	Continued from page 5			S 033S			
	competence, provided	that a Medical Staff					
	appointee shall have th						
	patient care; (b) Partici	•	-				
	management and care						
	or direction of a Medic		•				
		~					
	On July 12, 2023, a rev	view of the Medical	Staff				
	Bylaws (Last Reviewe						
	Allied Health Profession	onals General Staten	nent,				
	revealed the following:	: "Allied Health Pro	ofessionals				
	May: 1. Provide specif	ied patient care serv	ices upon				
	direct order and under	the supervision and	direction				
	of their supervising ph	ysician. 5. Exercise	such other				
	prerogatives adopted b	y the Medical Staff	or any of				
	its departments or com	mittees and approve	d by the				
	Medical Executive Cor	mmittee or the Gove	rning				
	Board. Allied Health P	rofessionals May No	ot: 1.				
	Give ordersverbal ar	nd writtenunless h	e or she				
	has been granted privil	eges to do so. (All o	rders				
	must be countersigned	by the responsible p	hysician				
	within 24 hours)."						

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001036		B. WING:		07/13/2023	
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID		OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)
PREFIX TAG		ED BY FULL REGULATORY OF FYING INFORMATION)	R LSC	PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	COMPLETE DATE
S 033S	Continued from page 6			S 033S			
	On July 12, 2023, a rev	view of the Medical	Staff				
	Bylaws (Last Reviewed						
	Section F- Delineation	, , , , , , , , , , , , , , , , , , ,					
	revealed the following:	: Exercise of Priviles	ges " 1. A				
	practitioner who provide	des clinical services	may only				
	exercise those privilege	es the institution has	granted				
	him or her "						
	On July 12, 2023, a rev						
	Bylaws- Article XVI- I	Rules and Regulation	ns				
	revealed the following:	` ′	•				
	examination A pract						
	patient immediately be						
	risk of anesthesia and o	of the procedure perf	formed"				
	On July 12, 2023, a rev	view of policy AN10	)2,				
	Professional Relationsh	hip Policy (Last Rev	rised:				
	10/09; Last Reviewed:	3/23) reveals the following	llowing:				
	" 2. Responsibilities of	Anesthesia Staff M	embers-				
	2.1.1 In accordance with	th the provisions her	eof for				
	medically directed case	es, the Anesthesia Pr	ovider				
	may delegate certain de	uties to Nurse Anest	hetists,				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001036		B. WING: _	00	07/13/2023	
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER,  INC.  STATE LICENSE NUMBER: 01611500			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)		ED BY FULL REGULATORY OF		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 033S	who will perform under Guidance or in cooperation as to State regressive Certified Registered N CRNA's are authorized cooperation with a surgethe nurse anesthetist's puthe overall direction of patient's care"  On July 12, 2023, a reverseled the following anesthesia plan of care authority of anesthesia medication." This state operating surgeon.  On July 11, 2023, a reverseled that the approved by the Medical Governing Body including	ation with the operatulations. 4. Responsurse Anesthetists: 4. It to administer anestigeon or a dentist 4 performance shall be the surgeon or dentification of the Pre-Anest Pre-Operative H & I statement, "I agree which includes present is then signed eview of CF8, CF9, and delineation of prividal Executive Committed	ing ibilities of  hesia in i.1.1 e under ist for the  with the scriptive doperative by the  idleges ittee and	S 033S			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BLDG:	PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001036		B. WING: _		07/13/2023	
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID PREFIX TAG	REFIX MUST BE PRECEEDED BY FULL REGULATORY OF			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 033S	Continued from page 8  Mac anesthesia. The Modelical Staff Rules and AN102 define the scopin the center and recogning the consent/surgeon. However, by Evaluation & Consent/surgeon is abrogating the supervision by providing authority. Prescriptive upon CRNA's by the SCommonwealth of Pendor On July 12, 2023, from and OTH1 acknowledge for this facility were prooff. OTH1 indicated that the physicians and the CRICOTH1 confirmed that Commonwealth of Pendor Pen	and Regulations, and For of practice for the mize that the CRNA for supervision of the signing the Pre-Ane (Pre-Operative H & Inis/her direction and ang the CRNA, prescriptor authority is not contate Board of Nursing authority is not contate Board of Nursing ansylvania.  In 2:15pm to 2:45pm, ged that anesthesia serovided by CRNA's one relationship between NA's was "collaborated CRNA's, in the ansylvania, do not has EMP4 confirmed thas	Policy CRNA practices ne esthesia P, the riptive ferred ng in the  EMP4 ervices only. een the ntive ."	S 033S			

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PLAN OF CORRECTION (POC) IDEI			IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		(X3) DATE SURVEY COMPLETED: 07/13/2023	
		39C0001036		B. WING.		07/13/2023		
AESTIQUI INC.	VIDER OR SUPPLIER:  E AMBULATORY SURGIO  SE NUMBER: 01611500	CAL CENTER,	STREET ADDRESS 161 AESTHE GREENSBUF	TIC WAY				
(X4) ID PREFIX TAG	MUST BE PRECEED!	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF YING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 033S	Continued from page 9  Medical Staff Bylaws, AN102, and the Pre-Al Consent/Pre-Operative alignment.	nesthesia Evaluation		S 033S				
S 5200				S 5200				

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		1 1	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001036				07/13/2023		
AESTIQUI INC.	VIDER OR SUPPLIER:  E AMBULATORY SURGIO  SE NUMBER: 01611500	CAL CENTER,	STREET ADDRESS, 161 AESTHET GREENSBUR	ΓIC WAY				
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S 5200	Continued from page 10  555.2 Medical Staff Members A member of the medimembership and the exercisto him. The governing body the recommendations of the privileges to qualified, licen with their training, experien competence and judgement. and others granted clinical plicenses to practice in this C  This REGULATION is not	pership  cal staff shall be qualified of clinical privileges good the ASF, after considered medical staff, may grant sed practitioners in according and demonstrated demonstrated Members of the medical privileges shall currently commonwealth.	granted dering at clinical ordance	S 5200	Practitioner's reappointment application was completed 5. MEC/Governing Board faile review and approve in timely manner. To correct, applicant processed thru facility on 7/1 after MEC/Governing Board approved applicant's credent Moving forward, we have de utilize MD Staff Credentialing software to assure compliant that this does not happen agangather that this does not happen agang the Executive Assistant will the software, which tracks alt and dates and will not let you credential someone without a appropriate information. It was Executive Assistant of any more inactive items that need up the Executive Assistant will responsible for completing the record and presenting it to the MEC/Board. No incomplete be presented. The MEC/Board will serve a monitor to be sure everything intact and accurate prior to approving credentials. We will continue to monitor	d to  Int was 12/23 ials. cided to ng ee so ain. cutilize l items all of the will alert nissing podated. be ne ee e files will as the g is	Completion Date: 08/28/2023 Status: APPROVED Date: 08/16/2023	

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# Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001036		B. WING: 07/13/2023		07/13/2023	
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5200	Continued from page 11			S 5200	next year.		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001036		_	<u>uu</u>	07/13/2023	
AESTIQUI INC.	VIDER OR SUPPLIER: E AMBULATORY SURGIO	CAL CENTER,	STREET ADDRESS, 161 AESTHE T GREENSBUR	TIC WAY			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY C IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 5200	Based on a review of continued from page 12  Based on a review of continued (EMP), it was failed to qualify member re-appointment for one reviewed (CF9).  Findings include:  On July 11, 2023, a revite practitioner's provicular approved by the Medic Governing Board from 15, 2023 via a letter data. A review of CF9 reveate-appointment complex further review revealed re-appointment was not and that the appointment was terminated on June 12.	view of CF9, revealers ional appointment versional appointment versional appointment versional July 15, 2022 thround July 13, 2022.  Alled an application for extend on May 31, 202 did that the application of processed by the facility means to the facility means and the second of the control of the facility means and the second of the control of the facility means are second or the facility means and the second of the control of the facility means are second or the facility means and the second of the control of the facility means are second or the facility or the facility means are second or the facility or the facility or the facility or the facility	ed that was hittee and high June  or  3. h for hacility	S 5200			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			PLE CONSTRUCTION:	(X3) DATE SURVI COMPLETED:	EY
		39C0001036		1	00	07/13/2023	
AESTIQUI INC.	VIDER OR SUPPLIER: E AMBULATORY SURGIO SEE NUMBER: 01611500	CAL CENTER,	STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DI PREFIX MUST BE PRECEEDED BY FULL REGULATORY C IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	IOULD BE	(X5) COMPLETE DATE
S 5200	On July 11, 2023 at 1:4 CF9's application was provided care to facilit of the medical staff.  On July 12, 2023, the of 19, 2023 through July provided anesthesia see expired credentials.  On July 12, 2023 at 9:5 patients had been prov CF9 from June 19, 2023	operative schedule from the processed, and Control of the processed, and Control of the processed of the pro	cF9 had a member from June ed. CF9 with	S 5200			

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	OF DEFICIENCIES AND RRECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER  39C0001036		A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURV COMPLETED: 07/13/2023	EY
AESTIQUI	VIDER OR SUPPLIER:  E AMBULATORY SURGIO SE NUMBER: 01611500	CAL CENTER,	STREET ADDRESS, 161 AESTHET GREENSBUR	FIC WAY			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 53B0	555.3 (b) Requirements  Privileges granted shall reflect the results of peer review or utilization review programs, or both, specific to ambulatory surgery.  This REGULATION is not met as evidenced by:		S 53B0	We reviewed process as stated in our Bylaws Article 3, Section 14, all reappointment applicants must have peer review or utilization review data prior to considering approval of clinical privileges.  Executive Assistant will be responsible for obtaining these for applicant's files. The peer reviews have been added to our credentialing checklist and will be entered into MD Staff credentialing software.  The review will be presented at MEC/Governing Body to assure completion prior to granting any privileges. This will be audited by		Completion Date: 08/28/2023 Status: APPROVED Date: 08/11/2023	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
	39C0001036					07/13/2023	
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE		FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)	
PREFIX TAG		ED BY FULL REGULATORY OF FYING INFORMATION)	R LSC	PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A		COMPLETE DATE
S 53B0	Continued from page 15			S 53B0			
	Based on a review of c	redential files (CF),	and staff				
	interview (EMP), it wa	s determined that th	e facility				
	failed to use the results	s of peer review or u	tilization				
	review in the process o	of granting clinical pr	rivileges				
	for three of 10 credenti	ial files reviewed (C	F2, CF8,				
	CF9).						
	Findings include:						
	On July 11. 2023, a rev	view of CF2					
	(Re-appointment term:	7/1/2023 through 7/	/1/2025)				
	revealed that no peer re	eview data or utiliza	tion				
	review data was used in	n granting clinical p	rivileges.				
	On July 11. 2023, a review of CF8						
	(Re-appointment term: 6/1/2022 through 6/1/2024)		/1/2024)				
	revealed that no peer review data or utilization		*				
	review data was used in						
		_					

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	ATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLII  AN OF CORRECTION (POC) IDENTIFICATION NUMBER  (XI) PROVIDER/SUPPLII			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001036		B. WING: 07/13/2023			
AESTIQUI	VIDER OR SUPPLIER: E AMBULATORY SURGIO	CAL CENTER,	STREET ADDRESS, 161 AESTHET GREENSBUR	ΓIC WAY			
	SE NUMBER: 01611500	OF DEFICIENCIES (EACH DE	FIGURNOV	ID			(V5)
(X4) ID PREFIX TAG	MUST BE PRECEEDED BY FULL REGULATORY ( IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 53B0	Continued from page 16			S 53B0			
	On July 11. 2023, a rev (Re-appointment term: revealed that no peer review data was used i privileges.  On July 11, 2023, at 1: neither peer review or used in granting clinica and CF10.	eview data or utiliza n granting the clinic 250pm, EMP2 confir utilization review da	tion al al al and that ata was				
S 53D2				S 53D2			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001036			A. BLDG: 00 B. WING: 07/13/2023		
AESTIQUI	VIDER OR SUPPLIER:  E AMBULATORY SURGIO SE NUMBER: 01611500	CAL CENTER,	STREET ADDRESS, 161 AESTHET GREENSBUR	ΓIC WAY			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 53D2	established policies and pro rules and regulations the pr following.	I privileges shall follow cedures in the bylaws or ocedures shall provide t immarized on record with of the qualifications of	r similar he	S 53D2	Bylaws Article III, Section Freviewed by Medical Director Executive Assistant as part of education.  Executive Assistant will be a MD Staff credentialing softwassure compliance moving for All approved privileges will be noted as such prior to concredentialing and presented to MEC/Governing Board at might prior to granting privileges to compliance. This will be efficient immediately.  For CF2 Board Certification copy in file was illegible. Exassistant contacted surgeonism and obtained updated Board Certification. Verified thrust and updated with active date Asst will utilize MD Staff Credentialing software to he monitor and update data more forward effective immediate software will not permit you forward without having this information.	or and of  attilizing ware to orward. need to npleting to eeting o assure ective  - original eccutive s office  MD Staff s. Exec  lp ving ly. The	Completion Date: 08/28/2023 Status: APPROVED Date: 08/11/2023

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# Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001036		B. WING:			
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEI PREFIX MUST BE PRECEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 53D2	Continued from page 18			S 53D2	All credentialing files will be monitored and audited by the MEC/Governing Board for t year.	e	

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		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001036			_00	07/13/2023	
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID		OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)
PREFIX TAG	MUST BE PRECEEDE	ED BY FULL REGULATORY OF FYING INFORMATION)		PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	COMPLETE DATE
S 53D2	Continued from page 19			S 53D2			
	Based on a review of fa	acility documents, ca	redential				
	files (CF), and staff int	erview (EMP), it wa	ıs				
	determined that the fac	ility failed to follow					
	established policies and	d procedures in revie	ewing				
	medical staff for re-app	pointment in two of	10				
	credential files revealed	d (CF1 and CF2).					
	Findings include:						
	On July 11, 2023, a rev	view of the Medical	Staff				
	Bylaws (Last Revised:	February 24, 2023),					
	revealed Article II- Me	edical Staff Members	ship				
	Qualifications and Ethi						
	(a) Physicians shall be						
	obtained preboard certi						
	American Board of Me	edical Specialties, the	e				
	American Osteopathic	• • • • • • • • • • • • • • • • • • • •					
	American Board of Poo	• •					
	American Board of Ora	al and Maxillofacial	Surgery."				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	I) PROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
	39C0001036			A. BLDG: _ B. WING: _	_00	07/13/2023		
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY				
(X4) ID		OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)	
PREFIX TAG		ED BY FULL REGULATORY OF FYING INFORMATION)	R LSC	PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A		COMPLETE DATE	
S 53D2	Continued from page 20			S 53D2				
	On July 11, 2023, On July 12, 2023, a review of							
	the Medical Staff Byla	ws (Last Revised: Fo	ebruary					
	24, 2023), revealed Art	* *						
	Privileges- Section F- I							
	Privileges (General Pol	• /	•					
	(1): "A practitioner wh	•						
	may only exercise thos							
	granted him or her, or e	emergency privilege	s as					
	described herein."							
	On July 11, 2023, a rev	view of CF1						
	(Reappointment: Octob		1					
	October 25, 2024) reve							
	of privileges were sign							
	September 28, 2023; he	•						
	indicate whether the re	quested privileges w	ere					
	approved or denied.							
	On July 11, 2023 at 1:4	40pm, EMP2 confirm	med that					

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	ENT OF DEFICIENCIES AND  (XI) PROVIDER/SUPPLIER  CORRECTION (POC)  IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001036		B. WING: _	<u>ou</u>	07/13/2023	
AESTIQUI INC.	VIDER OR SUPPLIER: E AMBULATORY SURGIO	CAL CENTER,	STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
STATE LICENS (X4) ID	E NUMBER: 01611500	OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROMIDERIC BY AN OF CORRE	CTION (FACIL	(X5)
PREFIX TAG	MUST BE PRECEEDE IDENTI		PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	COMPLETE DATE	
S 53D2	Continued from page 21			S 53D2			
	CF1, requested privileg of privilege form did n privileges were approv  On July 11, 2023, a re (Reappointment: July 1 revealed that CF2 's Bo expired in 2020.  On July 11, 2023 at 1:5 above.	ot indicate whether red or denied.  view of CF2 1, 2023 through July pard Certification ha	1, 2025) d				
S 552A				S 552A			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00_ B. WING:		(X3) DATE SURVEY COMPLETED:	
		39C0001036		B. WING:		07/13/2023	
NAME OF PROVIDER OR SUPPLIER: AESTIQUE AMBULATORY SURGICAL CENTER, INC.			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
STATE LICENS	E NUMBER: <b>01611500</b>						1
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICI MUST BE PRECEEDED BY FULL REGULATORY OR LS IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 552A	Continued from page 22			S 552A			
	are made from a private pra- clinic, pertinent records ther part of the clinical record at registered and admitted tot I considered valid no more th surgery.	nistories and physical ental information regard y of surgery or one of the aluation, examination and ctitioner's office, hospitate of shall be available at the time the patient is the ASF. This information an 30 days prior to the control of the c	ing drug e  d referral al or nd made n is late of nt		The computer system require physician to select a statemen attached to their H&P update DOS while they are doing the immediate pre-op assessmen discovered during the DOH states that some of the Physicians was selecting this statement "I had examined the Patient, immediate prior to surgery, and the patient medical condition has not chave reviewed the H&P and relevant to this procedure and diagnosis." Which document immediate pre-op assessmen In order to correct this issue, process will be reviewed with surgeon to ensure that each of understand that this statement be selected. This will be comby August 23rd 2023. It was also determined upon review that the Nursing staff looking for the date and time H&P update, but many did not realize they needed to also be looking for the assessment statement in order for the charcomplete prior to entering the	e on the eir t. It was survey were not ve liately ent's anged. I it is still d s their t. this h each of them at must appleted our were of the ot e	Completion Date: 08/23/2023 Status: APPROVED Date: 08/16/2023

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# Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED:	EY
		39C0001036				07/13/2023	
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500		CAL CENTER,	STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID  PREFIX  TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)		ED BY FULL REGULATORY OF		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 552A	Continued from page 23			S 552A	Nursing Staff in both Pre-op OR will be educated on the importance of this statement compliance by August 23rd? We have also added a statem onto our Anesthesia consent addressing that the Surgeon seen the patient immediately surgery and has confirmed at agreed to the Anesthesia planthe patient. The surgeon mus off on this Anesthesia conserwell.  Our pre-operative staff will each patient chart prior to disfrom pre-op to confirm compand if they do not see this stain the documentation they we the transfer to the OR and Al Physician to document their assessment prior to the patient going into the OR.  The DON will perform a chart on every chart for 3 months and determine compliance and ideany issues or discrepancies. Medical records will continuation this in their records to assure compliance.	for 2023. nent  has before nd n for st sign nt as  evaluate scharge pliance atement ill stop lert the pre-op nt  art audit to dentify	

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# Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001036		B. WING: _		07/13/2023		
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY				
(X4) ID PREFIX TAG	MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE D BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 552A	Continued from page 24			S 552A	This will be completely impl by August 23rd 2023.	emented		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001036		1		07/13/2023	
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFINED TO THE PREFIX MUST BE PRECEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 552A	Based on a review of farecord review (MR), as was determined the face patient was examined by prior to performing a property medical records review MR6, MR7, MR8, MR  Findings include:  On July 13, 2023, a revised on February 22 XVI Rules and Regular revised on February 22 XVI Rules and Regular A-Admissions(5) A property and the patient immediately be risk of anesthesia and of performed."	and staff interview (Estility failed to ensure by a practitioner improcedure for eight of yed (MR1, MR2, MF29, and MR10).  We with the facility Mations, last reviewed expectations, revealed, "Actions, Section practitioner shall example for the procedure to be staffed to the procedure to be staffed.	MP), it each nediately f 10 R5,  Medical and rticle the late the e	S 552A			
	A review on July 12, 2 a date of service of Ap	•					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
	39C0001036				07/13/2023	
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGIOINC.  STATE LICENSE NUMBER: 01611500	CAL CENTER,	STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIE) PREFIX MUST BE PRECEDED BY FULL REGULATORY OR LSG TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
Continued from page 26  cataract extraction. Further MR1 failed to include a immediately prior to sure a date of service of Apricataract extraction. Further service of Material upper eyelid for Further review revealed practitioner examination surgery.  A review on July 13, 20 date of service of April bilateral micro discectors.	a practitioner examinargery.  023, revealed that Maril 12, 2023, and record review revealed a practitioner examinargery.  2023, revealed that May 1, 2023, and receivenctional blepharoped that MR5 failed to be immediately prior 023, revealed MR6 in 14, 2023, and received that 14, 2023, and received the 14, 2023, and received that 14, 202	IR2 had eived a d that nation  MR5 had ved a lasties. include a to	S 552A			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001036				07/13/2023	
NAME OF PROVIDER OR SUPPLIER: AESTIQUE AMBULATORY SURGICAL CENTER, INC.			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
STATE LICENSE NUMBER: 01611500  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 552A	review revealed that MR6 failed to include a practitioner examination immediately prior to surgery.  A review on July 13, 2023, revealed MR7 had a date of service of July 21, 2022, and received a spinal cord stimulator implant. Further review revealed that MR7 failed to include a practitioner examination immediately prior to surgery.			S 552A			
	A review on July 13, 2023, revealed MR8 and date of service of May 16, 2022, and receive amputation of the second toe. Further review revealed MR8 failed to include a practition examination immediately prior to surgery.  A review on July 13, 2023, revealed MR9 date of service of April 12, 2023, and receive cataract extraction. Further review revealer failed to include a practitioner examination.						

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER:	XI) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001036		B. WING: _	<u></u>	07/13/2023		
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY				
(X4) ID		OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORREC	CTION (EACH	(X5)	
PREFIX TAG		ED BY FULL REGULATORY OF FYING INFORMATION)	R LSC	PREFIX TAG	CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE A		COMPLETE DATE	
S 552A	Continued from page 28			S 552A				
	immediately prior to su	ırgery.						
	A review on July 13, 2023, revealed MR10 had a date of service of April 14, 2023, and received a battery change of an IPG (impulse generator). Further review revealed MR10 failed to include a practitioner examination immediately prior to surgery.  During an interview on July 13, 2023, at 1:40 PM, EMP4 confirmed the above.							
S 552B				S 552B				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:	
		39C0001036			OG:00_ NG: 07/13/2023		
AESTIQUI	VIDER OR SUPPLIER:  E AMBULATORY SURGIO SE NUMBER: 01611500	CAL CENTER,	STREET ADDRESS, 161 AESTHE GREENSBUR	ΓIC WAY			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 552B	Continued from page 29  555.22 (b) Surgical Services  555.22 Pre-operative Care  (b) A written statement obtained by the practitioner responsible person, for the procedures shall be procured clinical record. It shall contained appropriateness of the pany alternative treatments dishall also identify any practithe surgery.  This REGULATION is not	at indicating informed co and signed by the patie performance of the speci d and made part of patie ain a statement which everoposed surgery, as well iscussed with the patient itioner who shall particip	ent, or fic nt's vidences as t. It	S 552B	Pre-op nurses, OR Nurses, a physicians will be re-educate Informed consent, by provide them with the facility's Informed consent Policy.  Each individual will confirm understanding of the approprious procedure for informed consistency of the policy.  This will be completed by A 23rd 2023.  Pre-operative nursing staff with monitor the consent to confirm it is signed by the patient or guardian, the physician, and witness. They will also ensurall dates and times match. If any discrepancies are foun nurse will immediate stop the transfer from Pre-op to the Calert the MD. The patient will able to be taken into the OR discrepancies have been reso and the consent meets criteri informed consent.  The Clinical Director will do audit of all charts for 3 mont ensure compliance and ident issues.	ed about ing med their riately ent by ugust will rm that legal a re that d the e OR and ll not be until the olved a for	Completion Date: 08/28/2023 Status: APPROVED Date: 08/16/2023

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## Pennsylvania Department of Health

	OF DEFICIENCIES AND RECTION (POC)	identification number:  39C0001036	A. BLDG: 00		Y		
AESTIQUI INC.	VIDER OR SUPPLIER:  E AMBULATORY SURGIO  E NUMBER: 01611500	CAL CENTER,	STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE IDENTII		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE	
S 552B	552B Continued from page 30			S 552B	This has been added to our n chart audit form for medical to assure ongoing compliance. This will be implemented by 23rd 2023.  If there is non-compliance the a re-education of surgeons staff. The audit will then be a for an additional 3 months.	records e. August nere will s and	

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# Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001036		B. WING:		07/13/2023	
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500			STREET ADDRESS, 161 AESTHET GREENSBUR	CIC WAY			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEI ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHORES FROM THE ACTION THE ACTION THE ACTION THE ACTION TO THE ACTION OF THE	OULD BE	(X5) COMPLETE DATE
S 552B	Based on a review of farecords (MR), and inte (EMP), it was determined informed consent was oprior to performing surrecords (MR1, MR2, Marecords (MR1, MR2, MR2, MR2, MR2, MR2, MR2, MR2, MR2	rview with facility some the facility failed to obtained by the practice of the facility failed for the facility for four of 10 mars, and MR9).  The facility Marson of the facility Marsons, last reviewed for the facility of the facility o	d medical taff to ensure titioner nedical  Medical and rticle of the nessed, arent, or rformed	S 552B			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001036		1	<u>vv.</u>	07/13/2023	
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 552B	cataract extraction. Further review revealed and anesthesia consent on May 1, 2023; hower signed the forms on Approximately and a signed by the patient of the attending physician 2023, one day prior to a signed by the patient of the attending physician 2023, one day prior to a signed by the patient of the attending physician 2023, one day prior to a signed by the patient of the attending physician 2023, one day prior to a signed the forms on Approximately 1, 2023; hower signed the forms on Approximately 2023.	anesthesia consent, n April 12, 2023; ho is signed the forms of the date of admission 023, revealed MR2 Id 12, 2023, and received anesthesia consent, n April 12, 2023; ho is signed the forms of the date of admission 023, revealed MR5 Id 1, 2023, and received unctional blepharopled MR5 included a support of the date of the signed by the ver, the attending ph	both wever, n April 11, n.  had a ved a d MR2 both wever, n April 11, n.  had a lasties. largical patient ysician	S 552B			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
		39C0001036		B. WING: _	<u></u>	07/13/2023	
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID	E NUMBER: <b>01611500</b> SUMMARY STATEMENT	OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (FACH	(X5)
PREFIX TAG	MUST BE PRECEEDE	ED BY FULL REGULATORY OF FYING INFORMATION)		PREFIX TAG			
S 552B	Continued from page 33			S 552B			
	to the date of admission	n.					
	A review on July 13, 2023, revealed MR9 had a date of service of April 12, 2023, and received a cataract extraction. Further review revealed MR9 included a surgical consent signed by the patient on April 12, 2023. The attending physician signed the surgical consent on April 11, 2023, one day prior to the date of admission.  During an interview on July 13, 2023, at 1:20 PM, EMP4 confirmed the above findings.						
S 552C				S 552C			

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PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER  39C0001036		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED: 07/13/2023	
AESTIQU INC.	STATE LICENSE NUMBER: 01611500			 s, city, state, z TIC WAY RG, PA 1560			
(X4) ID PREFIX TAG	PREFIX MUST BE PRECEEDED BY FULL REGULATORY ( TAG IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 552C	which have been approved staff, shall be given to the p and shall include:  (1) Applica drink before surgery  (2) Special patient  (3) The req the ASF for a specific time  (4) An uncrequire admission to the horneed.	for preoperative proced by the medical patient or responsible per able restrictions upon for preparations to be made united proximity of the p following surgery if app derstanding that the patie spital in the event of me quirement that, upon dis sedation or general anes be available to escort pat ents who receive local or cal decision shall be made ients require a responsible.	dures, rson, od and e by the satient to blicable. ent may dical charge of thesia, ient	S 552C	Pre-op instructions policy Pl developed and implemented have created the protocol that op instructions are reviewed op RN during preoperative put call with the patient. This is documented in EMR.  Revised policy AN105 predictable calls to reflect this as well. This new policy clearly outly all patients must have writte instructions prior to their surfaces assure we are in compliance. All pre operative staff were on this and will begin this 8/2. The medical Records person audit this piece to assure compliance.  All charts will be audited by DON for three months. If the non-compliance there will be re-education of surgeons and The audit will then be extend an additional 3 months.	the we have at all pre to be at all pre	Completion Date: 08/28/2023 Status: APPROVED Date: 08/16/2023

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NAME OF PROVIDER OR SUPPLIER: AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500  (X4) ID PREFIX TAG  WUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  S 552C  Continued from page 35  B. WING:  STREET ADDRESS, CITY, STATE, ZIP CODE: 161 AESTHETIC WAY GREENSBURG, PA 15601  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY PREFIX TAG CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  S 552C  Continued from page 35  S 552C  S 552C  S 552C  S make of providers plan of Correction (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE  S 552C  S 552C  S 552C	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION:  A. BLDG: _00		(X3) DATE SURVEY COMPLETED:		
AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500  (X4) ID PREFIX TAG  (X5) COMPLETE DATE  (X6) DESCRIPTION OF CORRECTION (EACH CORRECTION SHOULD BE IDENTIFYING INFORMATION)  S 552C  Continued from page 35  Based on a review of medical records (MR) and interview (EMP), it was determined the facility failed to ensure patients received written instructions for preoperative procedures which were approved by		39C0001036					07/13/2023	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY PREFIX TAG   PROVIDER'S PLAN OF CORRECTION (EACH CORPECTIVE ACTION SHOULD BE IDENTIFYING INFORMATION)   S 552C   Continued from page 35   S 552C   Based on a review of medical records (MR) and interview (EMP), it was determined the facility failed to ensure patients received written instructions for preoperative procedures which were approved by   PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION (EACH CORRECTION SHOULD BE COMPLETE DATE	AESTIQUE AMBULATORY SURGICAL CENTER, INC.			161 AESTHET	TIC WAY			
Based on a review of medical records (MR) and interview (EMP), it was determined the facility failed to ensure patients received written instructions for preoperative procedures which were approved by	(X4) ID PREFIX	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFI REFIX MUST BE PRECEEDED BY FULL REGULATORY OR				CORRECTIVE ACTION SHO	OULD BE	COMPLETE
Findings include:  On July 11, 2023, a request for the facility policy on providing patients with written preop instructions was requested, none was provided.  A review on July 12, 2023, revealed MR1 had a date of service of April 12, 2023, and received a cataract extraction. Further review revealed MR1 contained no evidence that this patient received written preop instructions prior to surgery.  A review on July 12, 2023, revealed MR2 had a date of service of April 12, 2023, and received a cataract extraction. Further review revealed MR2	S 552C	Based on a review of n interview (EMP), it was to ensure patients receipreoperative procedure the medical staff.  Findings include:  On July 11, 2023, a reciproviding patients with was requested, none with was requested, none with the waste of service of Aprilicator cataract extraction. Further contained no evidence written preop instruction.  A review on July 12, 2 date of service of Aprilicator cataracter.	quest for the facility written preop instruas provided.  12, 2023, and recepther review revealed that this patient recepts prior to surgery.	policy on actions  had a ived a dived	S 552C			

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	OF DEFICIENCIES AND RECTION (POC)	(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER  39C0001036			PLE CONSTRUCTION:	(X3) DATE SURVE COMPLETED: 07/13/2023	ΞY
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
STATE LICENSE NUMBER: 01611500  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 552C	Continued from page 36  contained no evidence written preop instruction.  A review on July 12, 2 date of service of Noverceived a bilateral ful reduction, liposculptur Further review reveale evidence that this patie instructions prior to sure the service of Decerceived a bilateral gylateral chest walls. Further contained no evidence written preop instruction.  A review on July 13, 2 date of service of May	cons prior to surgery.  2023, revealed MR3 is ember 15, 2022, and it mastoplexy with pare lateral chest wall. It d MR3 contained not ent received written parents.  2023, revealed MR4 is ember 23, 2022, and necomastia, liposcular ther review revealed that this patient receives prior to surgery.	had a artial breop had a pture d MR4 cived	S 552C			

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					(X3) DATE SURVE COMPLETED:	ΞΥ
39C0001036			1		07/13/2023	
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500			TIC WAY			
SUMMARY STATEMENT MUST BE PRECEEDE		ID PREFIX TAG	CORRECTIVE ACTION SH	OULD BE	(X5) COMPLETE DATE	
Further review revealed evidence that this paties instructions prior to sure.  A review on July 13, 2 date of service of April bilateral micro discector revealed MR6 contained patient received writtensurgery.  A review on July 13, 2 date of service of July spinal cord stimulator revealed MR7 contained patient received writtensurgery.	d MR5 contained no ent received written pargery.  023, revealed MR6 in 14, 2023, and received my to L5-S1. Further an of evidence that the preop instructions in preop instructions.	had a ved a er review his prior to  had a ed a ew his prior to	S 552C			
	wider or supplier: E AMBULATORY SURGIO  SUMMARY STATEMENT MUST BE PRECEEDED IDENTE.  Continued from page 37  bilateral upper eyelid fruther review reveale evidence that this patie instructions prior to surface of Service of April bilateral micro discector revealed MR6 contained patient received written surgery.  A review on July 13, 2 date of service of July spinal cord stimulator is revealed MR7 contained patient received written surgery.	DENTIFICATION NUMBER 39C0001036  WIDER OR SUPPLIER: E AMBULATORY SURGICAL CENTER,  SUMMARY STATEMENT OF DEFICIENCIES (EACH DE MUST BE PRECEEDED BY FULL REGULATORY OF IDENTIFYING INFORMATION)  Continued from page 37  bilateral upper eyelid functional blepharopy.  Further review revealed MR5 contained no evidence that this patient received written prinstructions prior to surgery.  A review on July 13, 2023, revealed MR6 date of service of April 14, 2023, and received bilateral micro discectomy to L5-S1. Furth revealed MR6 contained no evidence that the patient received written preop instructions surgery.  A review on July 13, 2023, revealed MR7 date of service of July 21, 2022, and received spinal cord stimulator implant. Further revieweded MR7 contained no evidence that the patient received written preop instructions surgery.	A review on July 13, 2023, revealed MR6 had a date of service of April 14, 2023, and received a bilateral micro discectomy to L5-S1. Further review revealed MR6 contained no evidence that this patient received written preop instructions prior to surgery.  A review on July 13, 2023, revealed MR7 had a date of service of July 21, 2022, and received a spinal cord stimulator implant. Further review revealed MR7 contained no evidence that this patient received that this patient received that this patient received written preop instructions prior to surgery.	IDENTIFICATION NUMBER: 39C0001036  STREET ADDRESS, CITY, STATE, 2161 AESTHETIC WAY GREENSBURG, PA 1560  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued from page 37  Continued from page 37  S 552C  S 552C  A review on July 13, 2023, revealed MR6 had a date of service of April 14, 2023, and received a bilateral micro discectomy to L5-S1. Further review revealed MR6 contained no evidence that this patient received written preop instructions prior to surgery.  A review on July 13, 2023, revealed MR7 had a date of service of July 21, 2022, and received a spinal cord stimulator implant. Further review revealed MR7 contained no evidence that this patient received written preop instructions prior to surgery.	A BLDG: 90 B WING: 39C0001036  STREET ADDRESS, CITY, STATE, ZIP CODE: 161 AESTHETIC WAY GREENSBURG, PA 15601  SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY IDENTIFYING INFORMATION)  Continued from page 37  S 552C  S 552C  S 552C  A review on July 13, 2023, revealed MR6 had a date of service of April 14, 2023, and received a bilateral micro discectomy to L5-S1. Further review revealed MR6 contained no evidence that this patient received written preop instructions prior to surgery.  A review on July 13, 2023, revealed MR7 had a date of service of July 21, 2022, and received a spinal cord stimulator implant. Further review revealed MR7 contained no evidence that this patient received written preop instructions prior to surgery.	IDENTIFICATION NUMBER: 39C0001036  STREET ADDRESS, CITY, STATE, ZIP CODE. 161 A. BILDG: 90

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/ IDENTIFICATION NUMBER					(X3) DATE SURVI COMPLETED:		
		39C0001036				07/13/2023	
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEF PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 552C	date of service of May amputation of the second revealed MR8 contained patient received writter surgery.  A review on July 13, 2 date of service of Aprilicataract extraction. Further preop instruction of the service of Aprilicataract extraction and the service of Aprilication of	ond toe. Further reviewed no evidence that the preop instructions of the preop instruction of the preop instructions of the preo	had a ved a d MR9 vived a ved a or).	S 552C			

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## Pennsylvania Department of Health

	TATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIF (DEAN OF CORRECTION (POC) IDENTIFICATION NUMBER OF CORRECTION (POC)			(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		(X3) DATE SURVEY COMPLETED: 07/13/2023	
		39C0001036		07/13/2023			
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 552C	EMP3 confirmed that the written preop instructional record.	actions and the facili	ity doesn't	S 552C			
S 5921				S 5921			

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	STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIE PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIE IDENTIFICATION NUMB			A. BLDG: _	IPLE CONSTRUCTION:	(X3) DATE SURV COMPLETED:	EY
		39C0001036		B. WING: _		07/13/2023	
AESTIQUI	VIDER OR SUPPLIER:  E AMBULATORY SURGIO SE NUMBER: 01611500	CAL CENTER,	STREET ADDRESS, 161 AESTHE GREENSBUR	ΓIC WAY			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY O FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5921	Continued from page 40  559.2 (1) Director of Nursing  The director of nursing shall be an currently licensed as a registered nurse in this Commonwealth and be responsible and accountable to the person in charge of the ASF for:  (1) Delivery of nursing service to the patients,  This REGULATION is not met as evidenced by:		S 5921	Organizational structure was corrected to reflect that the I of Nursing is responsible & accountable of all nursing ar clinical staff in facility. Director of Nursing reports to the Administrator.  The Clinical Director overse OR activities and reports to Director of Nursing.  These changes were reflecte each of the job descriptions assure the solutions are sustated the solutions are sustated to the property of	Director  and ector of  es daily the d in to ained. ew the job	Completion Date: 08/28/2023 Status: APPROVED Date: 08/11/2023	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)  (XI) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBER					(X3) DATE SURVE COMPLETED:		
		39C0001036				07/13/2023	
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	OF DEFICIENCIES (EACH DE ED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 5921	Continued from page 41			S 5921			
	Based on a review of facility documents and staff interview, it was determined that the facility failed to ensure the Director of Nursing was responsible and accountable to the Administrator for the delivery of nursing services provide to patients at the facility.						
	Findings include:						
	On July 11, 2023, a review of the facility organizational chart (Last Reviewed and Approved: February 23, 2023) revealed that the Clinical Director was responsible and accountable for the operating room RN's, surgical technicians, radiology technicians, and clinical secretary.						
	On July 11, 2023, a review of policy ON-3, Nursing Department Organizational Chart (Last Reviewed: February 2023; Last Revised: February						

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STATEMENT OF DEFICIENCIES AND (XI) PROVIDER/SUPPLIER/PLAN OF CORRECTION (POC) IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION:		(X3) DATE SURVEY COMPLETED:		
		39C0001036  A. BLDG:00 B. WING:  07/13/2023					
NAME OF PROVIDER OR SUPPLIER: AESTIQUE AMBULATORY SURGICAL CENTER, INC.			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
STATE LICENSE NUMBER: 01611500  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH			FICIENCY	ID	PROVIDER'S PLAN OF CORRE	CTION (EACH	(X5)
PREFIX TAG				PREFIX TAG	CORRECTIVE ACTION SH CROSS-REFERENCED TO THE		COMPLETE DATE
S 5921	Continued from page 42			S 5921			
	2020) revealed that the	e Director of Nursin	g reports				
	to the Medical Director	r and not the admini	strator.				
	On July 11, 2023, at 9:	40am EMP2 confir	med that				
	the Director of Nursing						
	accountable for all nur	sing services in the	facility.				
S 6310				S 6310			

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER	IFICATION NUMBER:		PLE CONSTRUCTION:	(X3) DATE SURVEY COMPLETED:	
		39C0001036			00	07/13/2023	
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500			STREET ADDRESS, 161 AESTHE GREENSBUR	TIC WAY			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OF TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6310	Continued from page 43  563.1 CHAPTER 563 - ME  563.1 Principle  The ASF shall maintain accurate medical records for every patient to a continuous	n complete, comprehens ensure adequate patient	sive and	S 6310	All policies were reviewed to reinforce proper protocols in compliance with regulation 5 Specifically, standing orders added IV Therapy of lactacteringers to the physician's preorders for the surgeon to selesign off on, if applicable. The physicians will be made of the new order in their tem assure they know to approve sign the order for the IV for appropriate patient. This will be added to the chefor the Medical Records Revit will be monitored by the Mecords Personnel to assure compliance. This will be completed by Scoth 2023  Discharge not signed - Incompleted to our morecord was reported to our morecords meeting and chart was incomplete. Documentation filed under SIS attachments. In order to assure this does not happen again the discharge signature will be added to the checklist for the Medical Records Review of the surgestion of the surgestio	sed op ect and aware plate to and each ecklist riew and fedical eptember enplete eedical as filed on is ot	Completion Date: 08/28/2023 Status: APPROVED Date: 08/16/2023

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## Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVE COMPLETED:	EY
		39C0001036			WING: 07/13/2023		
AESTIQUI INC.	VIDER OR SUPPLIER:  E AMBULATORY SURGIO  E NUMBER: 01611500	CAL CENTER,	STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE	OF DEFICIENCIES (EACH DEIED BY FULL REGULATORY OF FYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6310	Continued from page 44			S 6310	Review.  The medical records Personn monitor all charts for complishing the completed by Science Sth, 2023  No order for transfer — The Transfer policy will be a with all appropriate staff me and they will be required to so the policy to confirm their understanding of the process. It will be the responsibility of Risk Management team to me the transfer process for compand completeness at each Risk Assessment meeting.  This will be completed and implemented by September and implemented by September and to be entered into more than location within the patient's of the Anesthesia providers we notified and directed to verification prior to signing the case.  The Clinical Director will perchart audit on all charts for 3 to identify any issue or	reviewed mbers sign off r. s. of the nonitor pliance sk  5th 2023. or in ore has one chart. ere cy off on erform a	

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## Pennsylvania Department of Health

PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00 B. WING:		(X3) DATE SURVEY COMPLETED:	
		39C0001036		B. WING: _	WING: 07/13/2023		
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID		OF DEFICIENCIES (EACH DE	FICIENCY	ID	PROVIDER'S PLAN OF CORREC	CTION (EACH	(X5)
PREFIX TAG	MUST BE PRECEEDE IDENTII	R LSC	PREFIX TAG	CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	OULD BE	COMPLETE DATE	
S 6310	Continued from page 45			S 6310			
					discrepancies with the ASA charting.  If there is non- compliance the bear e-education of surgeons staff. The audit will then be for an additional 3 months. The an ongoing chart audit merforward.  This will be completed and implemented by September 5.	s and extended This will oving	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00		(X3) DATE SURVEY COMPLETED:	
		39C0001036				07/13/2023	
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER, INC.  STATE LICENSE NUMBER: 01611500			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFI PREFIX MUST BE PRECEEDED BY FULL REGULATORY OR TAG IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SH CROSS-REFERENCED TO THE	OULD BE	(X5) COMPLETE DATE
S 6310	Based on a review of famedical records (MR), was determined the factorecords were completed medical records review MR4, MR5, MR6, MR  Findings include:  On July 13, 2023, a revisited and Regular revised on February 22 XVI Rules and Regular Records (1) The attendaresponsible for the preputed treatment shall be in which of the medical record in (q) Physician's orders."	and staff interview of sility failed to ensure and accurate for 10 yed (MR1, MR2, MF, 7, MR8, MR9, and I review of the facility Mations, last reviewed to 2023, revealed, "Attions, Section F-Meding physician will be paration of a comple in patient(3) All orderiting(10)The consust contain the following and accurate the patient of the patient	(EMP), it emedical of 10 R3, MR10).  Medical and article dical ete ders for mponents	S 6310			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:		
39C0001036			B. WING: _		07/13/2023			
NAME OF PROVIDER OR SUPPLIER: AESTIQUE AMBULATORY SURGICAL CENTER, INC. STATE LICENSE NUMBER: 01611500			161 AESTHET	STREET ADDRESS, CITY, STATE, ZIP CODE: 161 AESTHETIC WAY GREENSBURG, PA 15601				
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDE		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE A	(X5) COMPLETE DATE			
S 6310	A review of MR1, MR2, MR3, MR4, MR5, MR7, MR8, MR9, and MR10 revealed these patients received intravenous (IV) therapy of lactated ringers solution in the preoperative a MR's1-through MR10 failed to include physi orders for the preoperative IV therapy of lactated ringers solution.  During an interview on July 13, 2023, at 10:00 EMP4 confirmed that there are "standing order all patients to receive IV lactated ringers solution a rate of KVO (keep vein open) while in the preoperative suite. Further interview confirm new electronic medical records system failed incorporate these "standing" orders.  A review on July 12, 2023, revealed MR3 had date of service of November 15, 2022, and		se of e area. vsician's ctated  0:05 AM, rders" for olution at e rmed the ed to	S 6310				
	reduction, liposculpture	e lateral chest wall.						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION:  A. BLDG: 00		(X3) DATE SURVEY COMPLETED:	
39C0001036			B. WING:		07/13/2023		
NAME OF PROVIDER OR SUPPLIER:  AESTIQUE AMBULATORY SURGICAL CENTER,  INC.  STATE LICENSE NUMBER: 01611500			STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DE PREFIX MUST BE PRECEEDED BY FULL REGULATORY O IDENTIFYING INFORMATION)				ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SH CROSS-REFERENCED TO THE A	OULD BE	(X5) COMPLETE DATE
S 6310	Continued from page 48  MR3 contained no evidence that the physician signed the discharge order for this patient.  During an interview on July 12, 2023, at 2:30 PM, EMP4 confirmed the above finding.			S 6310			
	A review on July 13, 2023, revealed MR7 had a date of service of July 21, 2022, and received a spinal cord stimulator implant. MR7 revealed a postoperative report indicating this patient required a transfer to the hospital. There was no physician's order indicating this patient should be transferred to the hospital.		red a iled a required ysician's				
	During an interview or EMP4 confirmed MR7 to transfer the patient to	lacked a physician's					
	A review on July 13, 2	023, revealed MR6	had a				

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		(XI) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER 39C0001036		(X2) MULTIPLE CONSTRUCTION:  A. BLDG:00  B. WING:		(X3) DATE SURVEY COMPLETED: 07/13/2023	
AESTIQUI	VIDER OR SUPPLIER:  E AMBULATORY SURGIO SE NUMBER: 01611500	CAL CENTER,	STREET ADDRESS, 161 AESTHET GREENSBUR	TIC WAY			
(X4) ID PREFIX TAG	SUMMARY STATEMENT MUST BE PRECEEDI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		(X5) COMPLETE DATE	
S 6310	Continued from page 49  date of service of April 14, 2023 for a bilateral microdiscectomy of L5-S1. MR6 revealed an ASA score of 3 pre-operatively on the anesthesia exam on April 14, 2023 at 11:41am. Intraoperatively, the ASA score was documented as ASA 2 at 12:41pm.  During an interview on July 13, 2023 at 10:30am, EMP 4 confirmed the disparity in the ASA score between the pre-opertive examination to the intraopertive score.		an ASA a exam vely, the 2:41pm.	S 6310			

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# **Certified End Page**

# **AESTIQUE AMBULATORY SURGICAL CENTER, INC.**

STATE LICENSE NUMBER: 01611500 SURVEY EXIT DATE: 07/13/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

# **PLEASE DO NOT DETACH**

THIS PAGE IS NOW PART OF THIS SURVEY